

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

8115

-62-032693

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

FILED AUG 31 1962

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN St/ Louis

Length of stay in 1b

3 wks.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Jewish HospitalInside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

admission)

c. CITY  
OR TOWN St. LouisInside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS 2014 Kraft

(If outside, give location)

Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

John

L.

Massai

4. DATE  
OF DEATH

Month

Day

Year

Aug.

20th

1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

3-12-1895

## 9. AGE (last birthday)

67

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Retired Tool & Die Maker

## 10b. KIND OF BUSINESS OR INDUSTRY

Electrical Mfg.

## 11. BIRTHPLACE (City and state or country)

Florence, Italy

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Alfred Massai

## 13b. MOTHER'S MAIDEN NAME

Assunta Connella

## 14. NAME OF HUSBAND OR WIFE

Eunice Massai

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) No

## 16. SOCIAL SECURITY NO.

None

## 17. INFORMANT

Josephine Coombs

## Address

Above

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Hepatic Failure

## DUE TO (b)

Metastatic Carcinoma of Liver

## DUE TO (c)

Carcinoma of the Lung

INTERVAL BETWEEN  
ONSET AND DEATH

Jan. 1962

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

163x

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☒ NO ☐

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY

Hour

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

Death occurred at 100

7/30/62

to 8/19/62

and last saw him alive on 8/19/62

A m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Sidney Goldenberg MD

## 22b. ADDRESS

4409 West Pine

## 22c. DATE SIGNED

8/21/62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Removal

## 23b. DATE

8-23-1962

## 23c. NAME OF CEMETERY OR CREMATORY

Lakewood Park

## 23d. LOCATION (City, town, or county)

St. Louis Co., Mo.

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

JAY B. SMITH, Maplewood, Mo.

## 25. DATE RECD. BY LOCAL REG.

AUG 21 1962

## 26. REGISTRAR'S SIGNATURE

Road Smith, M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed W E Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.